
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001**

MEETING SUMMARY

Thursday, May 6, 2004

1:20 PM - 5:00 PM

St. Anne's Foundation – Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90026

MEMBERS PRESENT

Jeff Bailey	Vanessa Talamantes
Chi-Wau Au*	Sergio Avina*
Diane Brown	Richard Browne
Gordon Bunch*	Antonio Bustamante*
Cesar Cadabes	Edward Clarke
David Giugni	Edric Medina
Ricki Rosales	Royce Sciortino
Rose Veniegas	Kathy Watt*
Freddie Williams	Richard Zaldivar

ABSENT

Veronica Morales
Vicky Ortega
Mario Perez

* Denotes present at one (1) of the roll calls

STAFF PRESENT

Juli-Ann Carlos	Arthur Durazo	Michael Green	Chuck Henry
John Mesta	Ijeoma Nwachuku	Pamela Ogata	Rene Seidel
Cheryl Williams	Paulina Zamudio		

I. ROLL CALL

Roll call was taken. A quorum was present.

II. COLLOQUIA PRESENTATION

“From Our Communities to Our Jails/Prisons and Back: Sex, Drugs and Infectious Diseases”

Barry Zack, Centerforce, presented data substantiating HIV, Hepatitis, other Sexually Transmitted Diseases and TB are found in people in prisons and jails at the rates 5-20 times the rate in the general population. Upwards of 20% of all people with HIV, pass through a prison or jail every year. Over 90% of the prison population get out. Since 1986, behavioral interventions have been developed, implemented and evaluated to decrease risk behaviors associated with these infections. Stories and data were shared documenting the role that prisons and jails can play in the reduction of infectious diseases in our communities.

A copy of the Power Point presentation is on file. The presentation included: Epidemiological data, Evolution of Programs, Factors Associated with Effective Programs/Interventions and Outstanding Issues.

HIV and the Incarcerated:

- Those with HIV are (primarily) coming in with HIV
- Majority of inmates with HIV have IDU histories
- The risks (both sexual and bloodborne) continue during and post release

Risk Behaviors among Inmates

- Sex
- Injection Drug Use
- Piercing/Tattooing
- Fights

Percent of Total Burden of Infectious Disease Found in People Passing through Correctional Facilities, 1996

CONDITION	Estimated # of Releases w/Condition	Total # in U.S. Population w/Condition	Release w/Condition as % of N in Total Pop w/Condition
AIDS	39,000	229,000	17.0%
HIV Infection	98,000-145,000	750,000	13.1 – 19.3%
HBsAg+	155,000	1,000,000-1,250,000	12.4-15.5%
Anti-HCV+	1,300,000-1,400,000	4,500,000	28.9-32.0%
TB Disease	12,000	34,000	35.3%

Programs and Interventions, the need to directly address:

- Sex
- Drugs
- Transitioning between home and prison/jail

Additional Centerforce Programs

- Literacy
- Parenting
- Family Reunification
- Mediation Program
- Tele-Medicine Education
- TCMP – Paroles
- Mentoring
- Coaching:TTC
- Visiting Center/Family Resource Center
- First Night Out – Homeless Prevention Pilot

QUESTION: Are there any ethnic gang research projects that study the politics or the power of the gang?

ANSWER: Not aware of any study; however, ethnicity plays a strong role in prison and jails.

QUESTION: On the release programs, do you involve clergy (faith based)?

ANSWER: There are some programs very involved with clergy and faith based.

QUESTION: To what extent are condoms considered contraband?

ANSWER: There are five (5) county jails that distribute condoms and two (2) state prisons that distribute condoms and everywhere else condoms are considered contraband.

QUESTION: You mentioned all prisoners have a right to health care; why aren't all prisoners entitled to receive condoms, since condoms are prevention?

ANSWER: Correct, all prisoners or persons in jail have a right to health care; however, prevention is not considered health care.

III. REVIEW/APPROVAL OF MEETING AGENDA

The DRAFT May 6, 2004 Meeting Agenda was revised to **move item VII – Update on Focus Forums/Outreach Surveys and Prevention Plan** to item VI by consensus.

IV. REVIEW/APPROVAL OF APRIL 1, 2004 MEETING SUMMARY

The DRAFT April 1, 2004 Meeting Summary was approved without any corrections by consensus.

V. PUBLIC COMMENT

- **Ruth Slaughter**, PROTOTYPES, distributed a letter regarding the loss of funding from OAPP to Asian American Drug Abuse Program (AADAP) and Prototypes effective July 1, 2004. AADAP and Prototypes are requesting the PPC investigate the loss of funds, explain what is the process for this type of action and reconsider the decision to not fund these agencies.

- **Del Turman**, At the Beach, extended an invitation to all present and left handouts on the back table announcing the 16th Annual At The Beach Los Angeles Black Pride Festival to be held July 1-4, 2004.
- **Brian Risley**, APLA, announced three (3) upcoming events:
 1. APLA is hosting the Los Angeles HIV Vaccine Awareness Community Forum scheduled for May 18, 2004 at the USC Campus.
 2. APLA is hosting a Community Forum on HIV/AIDS in the African American Community scheduled for May 21, 2004 featuring J.L. King; Phil Wilson, Black AIDS Institute.
 3. APLA is sponsoring a 3-day PCM training for service providers.
- **Michael Garcia**, AIDS Healthcare Foundation, expressed concerns regarding the HIV/STD Integration Project. The AIDS Healthcare Foundation has not received any reimbursement from OAPP for HIV/STD testing.

VI. UPDATE ON FOCUS FORUMS/OUTREACH SURVEYS AND PREVENTION PLAN

Michael Green, Director of Planning and Research-OAPP, reported an internal group of OAPP staff has met on three (3) occasions to change/modify the Focus Forums and Outreach Surveys. The Focus Forums and Outreach Surveys are components of the NEEDS ASSESSMENT needed for the Prevention Plan. The time line for the Prevention Needs Assessment was shared:

- By the end of the second week in May, the overall design of the Needs Assessment will be complete (instruments, methodology and protocols).
- Share changed Protocol and Instruments at the next PPC Executive Sub Committee Meeting.
- Data Collection for the Focus Forums and one-on-one surveys is scheduled for June, 2004 and July, 2004.
- Ongoing data analysis in June, 2004 and July, 2004
- Data Analysis completed by mid to late August, 2004.
- Completed final write-up of Needs Assessment in September, 2004.

The findings from the Needs Assessment are to be incorporated in the Prevention Plan in the form of an Addendum to the Prevention Plan. The Prevention Plan is in the process of being written by an outside contractor. A meeting with the independent contractor (Claire Husted) hired to write the Prevention Plan is scheduled for Monday, May 10, 2004. The goal is to have the complete Prevention Plan ready for review in September, 2004. John Mesta clarified the expected date of completion for the Prevention Plan is the end of June 2004.

The Prevention Request for Proposal (RFP) is in the process of being written. The goal is to have the RFP completed by the end of next week and ready for release within the next four (4) to six (6) weeks.

QUESTION: What is the turn-a-round time going to be for the RFP?

ANSWER: The turn-a-round is expected to be five (5) weeks.

QUESTION: Since the release time for the Prevention RFP is constantly changing, how are agencies supposed to do any type of planning?

ANSWER:

QUESTION: Is there some way you can give us an idea of the different channels/process that RFP must go through?

ANSWER: Once the RFP is completed by OAPP, the document goes to County Counsel, then Contracts and Grants (usually that County Counsel and Contracts and Grants component takes approximately two (2) weeks; however, this RFP is a large document).

QUESTION: Michael Green indicated this RFP is different from other the RFP's in the past and five (5) weeks is a shorter turn-a-round than has been in the past, is there any type of "Heads Up" you can provide so that people can be prepared about some of the changes?

ANSWER: The evaluation component is being changed. OAPP and some selected outside contractors are going to take on the responsibility of working with the individual contracted organizations to develop the individual evaluation plan instead of the agencies having to write evaluation plans into the proposals submitted.

QUESTION: Having the Prevention Plan after programs have already been designed does not make sense, is there any information from the Prevention Plan that can be issued with the release of the RFP?

ANSWER: The RFP will describe the approaches the Prevention Plan Committee has talked about and the approaches that are expected in the next five (5) year cycle. Chuck Henry indicated a letter is forthcoming (within a week or so) to the planning committee and to the providers notifying of the adjustments in the planning process regarding the RFP.

VII. AIDS PROJECT LOS ANGELES (APLA) PRESENTATION - "Commercial Sex Venue Initiative"
Cesar Cadabes, APLA, presented a general overview of the Commercial Sex Venue Initiative (CSV). Commercial Sex Venues refer to bathhouses and sex clubs. The CSVI is a community collaborative for HIV and STD prevention for MSM who go to bathhouses and sex clubs in Los Angeles County. The presentation consists of three (3) parts:

- brief background of bath houses and sex clubs
For most of the 20th century, men have been meeting men in bathhouses.
- CSV Needs Assessment/Risk Assessment 2003
The 2003 CSV Patron Needs & Risk Assessment was conducted April, 2003 through June, 2003 at 8 sites (6 Bathhouses and 2 Sex Clubs). The Survey Domains were:
 - Demographics
 - Sexuality/Partners
 - Safer Sex Negotiation
 - HIV/STD Testing & Disclosure
 - Alcohol/Substance Use
 - Bathhouse/Sex Club Services
 - Knowledge, Attitudes, Beliefs & Behaviors
- Basic overview of CSVI program activities and program objective
 - Liaison and Coalition Activities
 1. Bring together CSVs, CBOs, DHS and other community stakeholders
 2. Promote opportunities for information sharing, collaboration and coordination of services in CSVs.
 3. Assess capacity building needs and develop appropriate support.
 4. Support of autonomous relationships between service providers and CSVs.
 5. Development of a collective promotion of Men's Health in CSVs.
 - Technical Assistance and Training
 1. Provide training for CSVs to increase staff skills and knowledge (HIV, STDs, substance use, etc.) for purposes of health promotion among CSV patrons.
 2. Provide technical assistance and training to CBO staff in CSV cultural sensitivity, outreach, health education and risk reduction and harm reduction techniques in CSV environments.
 - Program Intervention: Popular Opinion Leader Model
 1. Recruit individuals from bathhouses and sex clubs deemed "popular" by other patrons and CSV staff.
 2. Provide comprehensive 2-day training and skills building.
 3. Popular Opinion Leader volunteers conduct outreach, health education, risk reduction counseling and service referrals in CSVs.

In conclusion,

- Support ongoing inclusive dialogue with all stakeholders to improve health of CSV patrons
- Continued development and support for materials and services culturally appropriate to CSVs and their patrons.
- Cultural norms in regards to the awareness and the presence of health promotion materials and services in CSV established and need to be continued and re-affirmed.

A copy of the presentation is on file.

QUESTION: Of those testing HIV+, where did the individual learn their status (test site at club or off site)?

ANSWER: We don't really know.

QUESTION: Based on the data presented regarding “Rapid Testing”, does it appear a small population doesn’t know their HIV status and don’t want to know?

ANSWER: It appears that individuals who don’t want to know their status are people who don’t test.

QUESTION: What would make HIV testing more accessible other than providing “rapid-testing”?

ANSWER: There is possible a stigma for some individuals.

QUESTION: How do you identify and select your POL (Popular Opinion Leaders)?

ANSWER: other patrons and CSV staff identify The Sex-pert volunteers.

QUESTION: Do you select everyone who is mentioned/referenced as a potential POL?

ANSWER: The application process is 2-day training and a certification process – must pass by at least 80%.

COMMENT: An HIV Researcher recently presented data at a CHIPTS Conference on in-depth interviews with men in bathhouses and social norms regarding disclosure. The researcher’s findings are in contrast to some of your data. The researcher’s data indicates HIV- men are more likely to disclose than are HIV+ men and to engage in sexual negotiation. The researcher’s study indicated the burden of disclosure or discussion on sexual negotiation is placed upon the HIV- person since they have more to lose.

QUESTION: Given that a PSA (Public Service Announcement) is being developed. There is some research data indicating that the “reality of message burnout” is playing out in differential absorption of prevention messages among older generations of men versus younger generations. Given the 31-50 years of age range seems to be the largest proportion, what consideration is being given in the PSA development to look at the 21-29 year olds?

ANSWER: Focus Forums are continuing with bath house patrons and CSV staff to identify which messages might be more appropriate and receptive to the diverse patrons that they serve.

QUESTION: The response of those who were “not sure” and those who responded “no”, did you tease them out?

ANSWER: In terms of the respondents who indicated they were “not sure” of their HIV status, 35% indicated they would try the “rapid-test” and the other respondents indicated they would not.

QUESTION: Whether you also “teased out” the number of respondents who indicated they were gay and/or bisexual with those two questions?

ANSWER: No, we did not look at sexuality with those two questions.

QUESTION: Whether you obtained any qualitative information for those that were “not sure” on why they were unsure, what they needed to be sure about in order to take the test?

ANSWER: No, we did not. We did not have a large enough sample.

COMMENT: From a planning perspective, the importance of getting people testing, knowing their status and the availability of testing is not just to ensure people seek and receive that testing service in that venue but it does reinforce the normalizing of behavior to the extent that men are there and see testing available and other people are accessing testing. It has not been determined that whether or not the individual seeks testing in that particular venue, to what extent having testing available reinforces which men choose not to tested in that venue but may opt to be tested somewhere else (i.e. private care physician, etc.).

The estimates of bisexual behaving men in the Commercial Sex Venues is probably under represented and the challenge for this body and any providers have had in reaching that population suggests the Commercial Sex Venues are “ripe” to identify and reach larger numbers of bisexual behaving men.

QUESTION: From a planning perspective, is there any update or movement on the Los Angeles County Board of Supervisors recommendations around “the bath house situation”?

ANSWER: Yes. About 90 days ago, the Board of Supervisors were persuaded by a waive of evidence which indicated significant HIV and STD risk behavior occur in Commercial Sex Venues in Los Angeles

and adopted a motion instructing the Los Angeles County Department of Health Services to develop a protocol, a set of guidelines and to review how the county and governmental jurisdictions regulate these venues. The 90-day time has elapsed and the Department of Health Services has had a series of meetings and the Department of Health Services have received a 30-day extension from the Board of Supervisors. The Department of Health Services has had a meeting with a group of community members and a meeting with a group of Commercial Sex Venue Owners to layout the process and begin to get some feedback with regard to the policy development. There has been a series of proposals by various departmental programs (primarily four programs OAPP, STD, HIV EPI and Drug and Alcohol) along with Public Health leadership.

QUESTION: Is there any reasonable threat that the Board of Supervisors will close the venues down?

ANSWER: I can't answer the question. The Department of Health Services started with the perspective that all options are on the table and that the Department would consider all options to try to carefully identify and distinguish between public health issues and public policy issues.

COMMENT: We've (Scott Campbell) found the majority of the people in this process to be reasonable. The Department of Sexually Transmitted Disease (STD) would like us "shut down". Some of the proposals from STD are:

- Everyone who enters a Commercial Sex Venue should be tested.
- If a person tests positive, they should wear a "pink towel".
- The doors off.
- Cameras in the rooms.

The bottom line is they want us closed. I don't think that is the County policy. We've found everyone else, (particularly HIV/Epidemiology, OAPP) to be very thoughtful in the process, but that is what we are dealing with.

COMMENT: (Chuck Henry) I appreciate Scott's perspective and certainly have tried to put myself in the position of many different stakeholders in this discussion. I do think in the context of developing good public policy and sound public health approaches, it is, in my view, useful to have a range of ideas and the ability and freedom to express them. Recognizing there is a management and analytical process we go through, that ultimately results, in more time than not, a good approach. To defend my STD colleague, I do think there has been some utility to having a free and open discussion about a range of approaches that have contributed. I think ultimately, to a more engaged and more thoughtful management process which is where these decisions will be ultimately made within the Department.

COMMENT: (Richard Zaldivar) This is not really your battle, but this should be our battle (the PPC). I appreciate you being honest. If we ever feel threatened that our community is being questioned, it does make a difference which bureaucrat is questioning; we should rise to the occasion and support our community. After reading the media story in the Los Angeles Times the other day, how many PPC members, CBOs or the community called a Board of Supervisor? This is our gay men's community and we live in a conservative era. We have to do something about it, as Gay Leaders.

VIII. BREAK

IX. REINSTATEMENT OF/ASSIGNMENT TO PPC SUB COMMITTEES

Jeff Bailey reported the Executive Sub Committee proposes the following for PPC Sub-Committee assignments, effective June, 2004.

EXECUTIVE

LAST THURSDAY 9:30 AM-NOON

Co-Chairs: Jeff Bailey, Mario Perez, and Vanessa Talamantes

Chi-Wai Au

Diane Brown

Gordon Bunch

Rose Veniegas

Richard Zaldivar

EVALUATION

3RD TUESDAY 9:30AM-11:30AM

Chair: Gordon Bunch

Cesar Cadabes
Ricki Rosales

OPERATIONS

2ND TUESDAY 11:00 AM-1:00PM

Chair: Diane Browne
Veronica Morales
Freddie Williams

PUBLIC POLICY

3RD FRIDAY 9:30AM-11:30AM

Chair: Richard Zaldivar
Sergio Avina
David Giugni

YOUTH LEADERSHIP

3RD WEDNESDAY 3:00PM-5:00PM

Chair: Chi-Wai Au
Edward Clarke
Royce Sciortino

COMMISSION REPRESENTATIVES

Edric Mendia
Vicky Ortega
Kathy Watt

STANDARDS & BEST PRACTICES

3RD THURSDAY 2:00PM-4:00PM

Chair: Rose Veniegas
Richard Browne
Tony Bustamante

The Prevention Plan Ad Hoc Sub-Committee has been disbanded. It was suggested/recommended that the HIV Counseling & Testing Task Force becomes a “working group” of the Standards & Best Practices Sub Committee. The PPC Executive Sub Committee will meet on May 27, 2004.

X. COMMUNITY CO-CHAIRS REPORT

- PPC Summit – John Mesta reported OAPP staff has contacted the Westin Hotel and Luminarias for the PPC Summit. The Summit is not overnight. This would be two (2) days and we would commute. The motion to proceed forward with Luminarias for October 4, 2004 and October 5, 2004 was approved by consensus. It was suggested that the Operations Sub Committee take up this task.
- PPC/CHHS Update – The PPC Community Co-Chairs are attempting to schedule a meeting with the Commission Community Co-Chairs to discuss the collaboration between the PPC and the Commission.

XI. GOVERNMENTAL CO-CHAIR REPORT – moved to Agenda item VI and included in the “Update on Focus Forums/Outreach Surveys and Prevention Plan” report.

XII. SUB-COMMITTEE REPORTS

- ♦ **Youth Leadership** – **Jeff Bailey** extended a “Thanks” to Sergio Avina and all who contributed to the Youth Conference scheduled for providers on Friday, April 30th. **Sergio Avina** announced the Youth Sub Committee would like to make this an annual event. **Chi-Wai Au** announced Sergio Avina has “stepped down” from his position of Co-Chair for the Youth Leadership Sub Committee and Kafi Battersby, Reach LA, was elected as Community Co-Chair for the Youth Leadership Sub Committee. Promotional Cards will be distributed at the PPC Meetings and at individual agencies.
- ♦ **CHHS Update** – **Edric Mendia** reported the Commission is restructuring and has eliminated two (2) PPC seats. It has been suggested that the remaining PPC seat become a non-voting seat. **Vanessa Talamantes** presented the PPC’s Resource Allocations and Recommended Interventions to the Commission. **Kathy Watt** recommended PPC members come to the Commission Meetings and make Public Comment.
- ♦ **Prevention Plan Ad Hoc** – **Royce Sciortino** announced the Prevention Plan Ad Hoc completed its task and all of recommendations for the development of the Prevention Plan have been submitted.

The Prevention Plan Ad Hoc Sub Committee will meet one last time to review the DRAFT Prevention Plan document prior to submission of the document to the PPC.

- ♦ **Joint Public Policy – Richard Zaldivar** announced he has missed the last two meeting; however, he is attempting to schedule a meeting with the Joint Public Policy co-chair.

XIII. PPC MEMBERSHIP

A motion was made and seconded to accept the PPC Executive Sub Committee recommendation for the appointment of Jeffrey King, In The Meantime, and Manuel Cortez, AltaMed, to the PPC. The motion was approved by consensus.

A letter will be sent to the State Office of AIDS requesting a replacement for the seat vacated by Gail Sanabria.

Vanessa Talamantes was re-elected as Community Co-Chair.

Royce Sciortino was elected as the alternate PPC representative to UCHAPS.

XIV. ANNOUNCEMENTS

XV. CLOSING ROLL CALL

XVI. ADJOURNMENT – Meeting adjourned at 5:00 P.M.

Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

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